DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: WELLS NATURE VIEW I (610269)

Address: 1016 SOUTH ADAMS AVENUE, MARSHFIELD, WI 54449

License Status: REGULAR

Licensed/Certified/Registered 08/31/1996

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey ID: 0095405 End Date: 07/25/2005 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009443 Served 08/24/2005

Deficiencies Cited Subject Area Subject Area Subject Area Corrected

83.14(8) DOCUMENTATION

83.33(3)(a)2 REVIEW OF MEDICATION REGIMEN

Survey ID: 0090801 End Date: 06/27/2003 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10005216 Served 08/19/2003

Deficiencies CitedSubject AreaCorrected83.14(7)(b)CONTINUING EDUCATION07/25/2005Yes83.33(3)(e)2.aWRITTEN ORDER TO ADMINISTER MEDICATIONS07/25/2005Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 08/15/2003

SOD #10005216

Appealed: No

Sanctions

FORFEITURE---83.14(7)(b) SOD #10005216

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